

Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Rose-Hulman Institute of Technology

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 5500 Wabash Ave. Terre Haute, IN 47803-3999

Name of Agent Designated to Receive

Notification of Claimed Infringement: Rob Coons, V.P & Chief Admin. Officer

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

CM 21, 5500 Wabash Ave. Terre Haute, IN 47803-3999

Telephone Number of Designated Agent: (812)877-8246

Facsimile Number of Designated Agent: (812)877-8194

Email Address of Designated Agent: rob.coons@rose-hulman.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Rose-Hulman Institute of Technology

Signature of Officer or Representative of the Designating Service Provider:

Date: June 1, 2006

Typed or Printed Name and Title: Rob Coons, VP & Chief Admin Officer

SCANNED 07 31-2006

Note: This Amended Interim Designation
Made Payable to



Must be Accompanied by a \$30 Filing Fee

RECEIVED

JUN 27 2006

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